

# CIVIL PENALTY LEDGER

## PAYMENT, REDUCTION, OR WAIVER RECORD

INVOICE NO. \_\_\_\_\_

DISTRICT OFFICE NUMBER \_\_\_\_\_

FACILITY NAME		
FACILITY ADDRESS		
CITY	STATE	ZIP CODE

FISCAL YEAR	DATE LIC 422 SENT
FACILITY TYPE	FACILITY PCA CODE

LICENSEE(S)		
ADDRESS		
CITY	STATE	ZIP CODE

FACILITY NUMBER
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	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount			
Civil Penalty Waiver			
Penalty Review Reduction			
Penalty Review Reduction			
Payment 1			
Payment 2			
Payment 3			
Payment 4			
Payment 5			
BALANCE			

**COMMENTS:**